



**RELEASE AND WAIVER OF INDEMNITY**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Emergency contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I \_\_\_\_\_, have chosen to participate in the "Circle of Life" Tai Chi Academy's (henceforth *Academy*) progressive programs of physical exercise. I hereby wave any claim I may have at any time against the *Academy*, its legal owners, lessors, and/or instructors.

I have been advised that participation in said exercise program may result in injury due to the possible strenuous nature of the exercise programs. I have further been advised that the exercise programs constitute a martial art and as such, there are inherent risks to such participation. I hereby accept these risks.

To my knowledge, I do not have any limiting physical condition or disability that would preclude my participation in the *Academy's* physical exercise program. I also understand that a physician's examination should be obtained by the participants prior to involvement in the exercise/martial arts program. If participant refuses or fails to obtain a physician's permission, he/she must sign the following statement:

I \_\_\_\_\_, have been informed that it is advisable for me to obtain a physician's approval prior to participation in a progressive exercise/martial arts program. I fully understand the strenuous nature of the program. I accept full responsibility for my health and well being in the voluntary exercise/martial arts program and related testing. I understand that no responsibility is assumed by Circle of Life Tai Chi Academy, its legal owners, lessees, or the instructors of the exercise/martial arts program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian sign and date here if

Student is under 18 years of age \_\_\_\_\_